

AWARD/CONTRACT		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350)		RATING		PAGE OF PAGES 1 198	
2. CONTRACT (Proc. Inst. Ident.) NO. DE-EM0002043				3. EFFECTIVE DATE 06/08/2012		4. REQUISITION/PURCHASE REQUEST/PROJECT NO. 12EM002352	
5. ISSUED BY		CODE	03001		6. ADMINISTERED BY (If other than Item 5)		CODE
EMCBC U.S. Department of Energy EM Consolidated Business Center 250 E. 5th Street, Suite 500 Cincinnati OH 45202				Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352			
7. NAME AND ADDRESS OF CONTRACTOR (No., Street, City, Country, State and ZIP Code) HPM CORPORATION Attn: LAURA MILLS 4304 W. 24TH AVE. SUITE 100 KENNEWICK WA 99382320				8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input checked="" type="checkbox"/> OTHER (See below)		9. DISCOUNT FOR PROMPT PAYMENT NET 30	
CODE 012911892		FACILITY CODE		10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN		ITEM Section G	
11. SHIP TO/MARK FOR		CODE	12. PAYMENT WILL BE MADE BY		CODE	00513	
Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352				OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831			
13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) () <input type="checkbox"/> 41 U.S.C. 253 (c) ()				14. ACCOUNTING AND APPROPRIATION DATA See Schedule			
15A. ITEM NO	15B. SUPPLIES/SERVICES			15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT
	Continued						
15G. TOTAL AMOUNT OF CONTRACT						\$98,687,733.33	

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17. <input type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return _____ copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.) 19A. NAME AND TITLE OF SIGNER (Type or print)				18. <input checked="" type="checkbox"/> AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number DE-SOL-0002437, including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any condition sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary. 20A. NAME OF CONTRACTING OFFICER Wilmari C. Delgado			
19B. NAME OF CONTRACTOR		19C. DATE SIGNED		20B. UNITED STATES OF AMERICA		20C. DATE SIGNED	
BY (Signature of person authorized to sign)				BY Signature on File (Signature of the Contracting Officer)		06/08/2012	

CONTINUATION SHEET

 REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR

HPM CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Tax ID Number: 91-2131802 DUNS Number: 012911892 FOB: Destination Period of Performance: 06/08/2012 to 09/30/2018				
00001	OCCMED Hanford - Transition Obligated Amount: \$98,184.33 Accounting Info: Fund: 01250 Appr Year: 2012 Allottee: 34 Report Entity: 421601 Object Class: 25200 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$98,184.33				98,184.33
00002	OCCMED Hanford - Base (Years 1-2) FPAF Line item value is:: \$22,891,204.00 Incrementally Funded Amount: \$0.00 Accounting Info: Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00				22,891,204.00
00003	OCCMED Hanford - Base (Years 1-2) Cost Reimbursement Line item value is:: \$8,282,000.00 Incrementally Funded Amount: \$0.00 Accounting Info: Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00				8,282,000.00
00004	OCCMED Hanford - Base (Years 1-2) IDIQ				0.00
00005	OCCMED Hanford - Option Period 1 (Year Three) FPAF Amount: \$11,903,903.00 (Option Line Item) Line item value is:: \$11,903,903.00				11,903,903.00
00006	OCCMED Hanford - Option Period 1 (Year Three) Cost Reimbursement Amount: \$4,266,000.00 (Option Line Item) Line item value is:: \$4,266,000.00 Continued ...				4,266,000.00

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
DE-EM0002043

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NAME OF OFFEROR OR CONTRACTOR

HPM CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00007	OCCMED Hanford - Option Period 1 (Year Three) IDIQ Amount: \$0.00 (Option Line Item)				0.00
00008	OCCMED Hanford - Option Period 2 (Year Four) FPAF Amount: \$12,306,698.00 (Option Line Item) Line item value is:: \$12,306,698.00				12,306,698.00
00009	OCCMED Hanford - Option Period 2 (Year Four) Cost Reimbursement Amount: \$4,351,000.00 (Option Line Item)				4,351,000.00
00010	OCCMED Hanford - Option Period 2 (Year Four) IDIQ Amount: \$0.00 (Option Line Item)				0.00
00011	OCCMED Hanford - Option Period 3 (Year Five) FPAF Amount: \$12,579,667.00 (Option Line Item) Line item value is:: \$12,579,667.00				12,579,667.00
00012	OCCMED Hanford - Option Period 3 (Year Five) Cost Reimbursement Amount: \$4,438,000.00 (Option Line Item) Line item value is:: \$4,438,000.00				4,438,000.00
00013	OCCMED Hanford - Option Period 3 (Year Five) IDIQ Amount: \$0.00 (Option Line Item)				0.00
00014	OCCMED Hanford - Option Period 4 (Year Six) FPAF Amount: \$13,044,077.00 (Option Line Item) Line item value is:: \$13,044,077.00				13,044,077.00
00015	OCCMED Hanford - Option Period 4 (Year Six) Cost Reimbursement Amount: \$4,527,000.00 (Option Line Item) Line item value is:: \$4,527,000.00				4,527,000.00
00016	OCCMED Hanford - Option Period 4 (Year Six) IDIQ Amount: \$0.00 (Option Line Item)				0.00